

PRV – Call Center Creating A MediPASS Override E-Form

Purpose:

The objective of this procedure is to assist the Customer Service Representative (CSR) in completing a MediPASS override form when a provider communicates a provider change due to a restriction on the provider's file.

This procedure assists Provider Services staff in completing the MediPASS override form. Providers contact the IME to give permission for a particular member to be enrolled as their MediPASS patient.

Identification of Roles:

Lead, Trainer, Quality Assurance (QA) Coordinator, Supervisor, Management.

Performance Standards:

80% service level, abandon rate, calls answered, calls received, average queue time (AQT).

Path of Business Procedure:

**Step 1: If processing from an incoming call, proceed to Step 2.
If processing from a fax or email proceed to Step 5.**

Step 2: Verification of Provider (Enter into OnBase Workview)

- a. Verify National Provider Identifier (NPI) number
- b. Obtain contact name
- c. Obtain contact phone number

Step 3: Determine Reason for call

- a. Claim Status
- b. Eligibility
- c. Service Limits
- d. MediPASS
- e. Inquiry

Step 4: MediPASS Overrides

- a. Continue to follow this process if the provider is requesting a change to a member's managed healthcare provider.
- b. If not a MediPASS call, then go back to Step 3 and determine the type of call and follow appropriate procedure (10.1-10.6).

Step 5: Obtain and enter provider and member information

- a. Enter MediPASS provider number that the member will be changed to into file 9 of the Medicaid Management Information System (MMIS)
- b. Go to F3 (File 9) to verify the provider is enrolled in MediPASS Program
- c. Check to see if the provider's panel has a restriction (max, age, sex, closed, county).

Step 6: Enter the member's ID number into file 16

- a. In section 1, enter the member ID number. Verify the member is in open enrollment. If not in open enrollment, then after completing override form (step 7) If there is a restriction, then advise the provider to have the member call Member Services for completion (800-338-8366 or 515-256-4606). Still complete override form.

Step 7: Complete MediPASS Enrollment Override Form- phone call

- a. Choose the MediPass Override Task Button on the Call Log. The provider name, legacy, National Provider Identifier (NPI), callers name and member identification (ID) will automatically populate.
 1. Click the verify button, MediPASS Validation window will appear
 2. Make sure "MediPASS:" has a Y; if an N appears then the provider number must be corrected
 3. Enter the Member Identification number (ID) for each member
 4. Complete the following boxes for each member:
 - a. Case number
 - b. Member's' county of residence
 - c. Open or closed enrollment status
 1. J – Always
 2. F – May be open or closed. Check against open dates on MMIS
 3. G – May be open or closed. Check against open dates on MMIS
 4. K – No provider service action needed. Member will not have MediPASS
 5. L – No provider service action needed. Member will not have MediPASS. Lock-In member
 6. R – No service action needed. Member Services will take care of this
 5. Click submit

Step 8: End call

- a. Resolved provider's question and disconnect the call
- b. Enter Recipient ID
- c. Check to see if the member has had frames, lenses or exam. Check dates and follow rules in appendix

Step 9: Complete MediPASS Enrollment Override Form- fax or email

- a. From Workflow- for faxes and e-mails
 1. Choose File, New, Forms, IME MediPass Entry Form,
 2. Click create
 3. Complete the top of the form with the provider's information
 - a. Name
 - b. Legacy provider number
 - c. Contact name, can be :fax" or "email"
 - d. Click the verify button, MediPASS Validation window will appear
 - i. Make sure "MediPASS:" has a Y; if an N appears then the provider number must be corrected
 4. Complete the member information section
 - a. Member ID
 - b. Case number
 - c. Member's County of residence
 - d. Open or closed enrollment status
 1. J - Always
 2. F - May be open or closed. Check against open dates on MMIS.
 3. G – May be open or closed. Check against open dates on MMIS.
 4. K – No provider service action needed. Member will not have MediPASS
 5. L – No provider service action needed. Member will not have MediPASS. Lock-In member
 6. R – No service action needed. Member Services will take care of this
 5. Click submit

Forms/Reports:

Iowa Medicaid Program MediPASS Enrollment Override E-form

RFP References:

6.1.3.4.3.3.c
6.1.3.4.3.3.d
6.4.2.3.c
6.4.6.3.3.a

Interfaces:

OnBase
MMIS
Providers

Attachments:

Process Map

